

COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: *(check one applicable item below)*

- | | | |
|--|---------------------------------------|---|
| <input checked="" type="checkbox"/> original | <input type="checkbox"/> design | <input type="checkbox"/> supplemental |
| <input type="checkbox"/> divisional | <input type="checkbox"/> continuation | <input type="checkbox"/> continuation-in-part (CIP) |

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Title Of Invention: Adhesion Promoters for Glass-Containing Systems

SPECIFICATION IDENTIFICATION

the specification of which: *(complete (a), or (b))*

(a) ☒ is attached hereto and/or is identified herein by name of inventor(s), attorney docket number and title.

(b) ☐ was filed on _____ as ☒ as Serial No. _____ or Express Mail No. _____ and was amended on _____ *(if applicable)*.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, CODE OF FEDERAL REGULATIONS, § 1.56.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(List name and registration number.)*

Teresan W. Gilbert, 31,360
Michael F. Esposito, 29,506
Samuel B. Laferty, 31,537

Jason S. Fokens, 56,188
David M. Shold, 31,664

SEND CORRESPONDENCE TO

THE LUBRIZOL CORPORATION
Patent Administrator - Mail Drop 022B
29400 Lakeland Boulevard
Wickliffe, Ohio 44092-2298

DIRECT TELEPHONE CALLS TO:

(Name and telephone number)
Jason S. Fokens
Telephone: (440) 347-5913
E-mail: jsfo@lubrizol.com

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under SECTION 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor John S. Manka

(12) John
(GIVEN NAME)

S.
(MIDDLE INITIAL OR NAME)

Manka
FAMILY (OR LAST NAME)

Inventor's signature 

Date 4/28/05 Country of Citizenship U.S.

Residence Chardon, Ohio, U.S.A.

U.S.A.

Post Office Address 10440 Penniman Drive, Chardon, Ohio 44024, U.S.A.

Full name of second joint inventor, if any Todd K. Yonker

(20) Todd
(GIVEN NAME)

K.
(MIDDLE INITIAL OR NAME)

Yonker
FAMILY (OR LAST NAME)

Inventor's signature 

Date 4/28/05 Country of Citizenship U.S.

Residence Chagrin Falls, Ohio, U.S.A.

USA

Post Office Address 102 Waverly Lane, Chagrin Falls, Ohio 44022, U.S.A.

☒ This declaration ends with this page